

**STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF SOLID WASTE MANAGEMENT**

Solid Waste Disclosure Form for Construction Sites

The following form shall be filled out for construction projects either identified as under 40 CFR 122.26(b)(14)(x) or produces (or will produce) dredged spoils. A response must be provided for each item. If an item is not relevant to the activity, indicate by "Not Applicable" (N/A), with a short comment.

This form will help the Department of Health, Office of Solid Waste Management (OSWM) to identify sources of construction/ demolition and site clearing debris. The Department is responsible for the proper disposal of such solid waste. Violators of the regulations Title 11, Chapter 58, "Solid Waste Management Control," are subject to enforcement, corrective actions, and fines.

Completed forms shall be mailed to the Department of Health, Environmental Management Division, OSWM, P.O. Box 3378, Honolulu, Hawaii 96801-3378. Questions regarding this form should be directed to OSWM at 586-4240.

I. Site Information

- A. Address of site: _____
- B. Owner of site: _____
Address of owner: _____
Phone Number: _____
- C. Tax map key: _____
Size of site: (in acres) _____
- D. Department of Public Work's grading permit no.: _____

II. Site Activity Information

- A. State the kinds of site clearing activities to be completed. State final use of site. Describe the general topography of site, i.e., whether level or sloped. _____

B. Describe structures on site (if none, indicate n/a)._____

If structures exist, are they to be demolished or
removed? ____yes ____no

C. Describe vegetation on site:_____

III. Contractor Information

A. General Contractor:_____

Contact person:_____ Phone:_____

B. Site clearing contractor:_____

Contact person:_____ Phone:_____

C. Hauling contractor:_____

Contact person:_____ Phone:_____

D. State destination of:

1. Building demolition materials._____

2. Clear and grub materials._____

3. Dredged spoils._____

Name of person completing form:_____

Company:_____

Phone Number:_____